NO. OF COPIES RECEIVED						
DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMI	SSION	Form C	:=104	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE RECEIVE Supersedes Old C-104 and C-1					
FILE	KE40531 1	AND	RECLE	I V iziildi	ive 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAI		ATURAL G	AS		
LAND OFFICE	AUTHORIZATION TO TRAI	10/ 0/1/ 0/2 /2/5	JUN 5			
OIL	φ		00119	1372		
TRANSPORTER GAS	1			_		
OPERATOR	•		O. C			
PRORATION OFFICE			ARTESIA,	OFFICE		
Operator	/					
Twinlakes Oil Company	-		_			
Address Address						
n O Per 1502 Posses	11. New Mexico 88201					
P.O. Box 1582, Roswe Reason(s) for filing (Check proper box)	II, NEW MEXICO 88201	Other (Please		<i>-</i>		
New Well	Change in Transporter of:		-	(1500)		
Recompletion	Oil Dry Gas	. 🗆 📗		Ermi		
Change in Ownership	Casinghead Gas Conden	sate		Eass	7.4.1	
Change in Ownership						
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AND I	FASE Well No. Pool Name, Including Fo	rmation	Kind of Lease			Lease No.
Lease Name			State, Federal			
O'Brien "A"	1 Twin Lakes - S	an Andres		Fe	:e	
Location						
Unit Letter B; 660	Feet From The North Line	and <u>1980</u>	_ Feet From 1	The Eas	t	
						6
Line of Section 1 Tow	nship gg Range	28E , NMPM	·	Cha	ives	County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address		and some of this	form is to h	e centi
Name of Authorized Transporter of Oil	or Condensate	Address (Give address	o which approv	ea copy of this	jorni is to o	E +6/11/
Webdi Odi Commonation	* * * * * * * * * * * * * * * * * * *	P.O. Por 1073	M1.11 =1	Tavas	79701	1
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address)	to the test deperor	ved copy of this	form verso p	e sentj
Twinlakes Oil Company	. A	P 0 Box 1582	Page 11	N.M	18201	
If well produces oil or liquids,	Unit Sec. Twp. Ege.	P.O. Box 1582 Is gas actually connect	ed? Wh		,0402	
give location of tanks.	R 1 1 1 99 1 28R	yes		4-72		
If this production is commingled wit		give commingling order	r number:			
COMPLETION DATA						True =
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v.	, DIII. Res'
Designate Type of Completion	1	l (1		<u> </u>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	1	
Perforations				Depth Casing	j Shoe	
Patrolations						
	TUBING, CASING, AN	CEMENTING RECOF	RD			
	CASING & TUBING SIZE	DEPTH S		SA	CKS CEME	NT
HOLE SIZE	CASING & TODING CITE					
		<u> </u>				
		 		 		
						
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total vol epth or be for full 24 hour	ume oj load oll e)	una must de eq	wes so or exc	, ivy uii
OIL WELL	4018 707 Inia G	Producing Method (Flo	w, pump, gas l	ift, etc.)		
Date First New Oil Run To Tanks	Date of Test	* rowners and morning (1 10		- · · · ·		
		Casing Pressure		Choke Size		
Length of Test	Tubing Pressure	Contrid Liasoma				
		W-1 2011-		Gas - MCF		
Actual Prod. During Test	Oil-Bble.	Water - Bbls.				
		<u> L</u>				
GAS WELL		Dhia Condensate Ann	TE .	Gravity of C	ondenagte	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		J. 2711,7 01 0	Gravity of Condensate	
		2000		Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	£~2#)	CHOKE SIZE		
		<u> </u>				
. CERTIFICATE OF COMPLIAN	CE	OIL	CONSERV	ATION CON	MISSION	i
CENTIFICATE OF COMPERA	-		BUN 6	- 1972	-	
w to the specific shot the major and	regulations of the Oil Conservation	APPROVED				9
			N X	resser	7	
above is true and complete to th	e best of my knowledge and belief.	BY	A - P - T -			
	\mathscr{N}	TITLE	OIL AND S	en rue office	757	
	* i					

Presiden (Title)

June 2, 4927

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.